

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000280134

Entity Name: THE CHIROPRACTIC TRUHEALTHDR LLC

Current Principal Place of Business:

3368 WOODS EDGE CIR
SUITE 104
BONITA SPRINGS, FL 34134

Current Mailing Address:

3368 WOODS EDGE CIRCLE
SUITE 104
FORT MYERS, FL 33919

FEI Number: 83-2685958

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EVOLVE TAX & ACCOUNTING FL LLC
5237 SUMMERLIN COMMONS BLVD
SUITE 324
FORT MYERS, FL 33907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name TOLISANO, JOSEPH M
Address 3368 WOODS EDGE CIRCLE SUITE
104
City-State-Zip: BONITA SPRINGS FL 34134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH TOLISANO

MGR

04/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date